



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**APPLICATION FOR TOBACCO  
TAX REFUND**

**L-1025**  
(Rev. 7/27/10)  
4070

Mail to: South Carolina Department of Revenue, Tobacco Tax Refund, Columbia, SC 29214-0112.

**Note:** Signature is required in order to process the refund (see reverse side).

**Form must be filled out in ink or by a typewriter. Copy should be retained for your file.**

Provide all information requested. For assistance call (803) 896-1970.

Name of Firm \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_ FEIN/SSN \_\_\_\_\_

**REASON FOR REQUESTING REFUND** \_\_\_\_\_

**CIGARETTES**

\*This portion to be completed for cigarettes only

Sales Method: tax paid cigarettes sold on or before June 30, 2010 only

Receipt Method: tax paid cigarettes purchased on or before June 30, 2010 only

Date Shipped	Manufacturer	Brand Name	Packs of 20s @ .07 each	Packs of 25s @ .0875 each	Total

1. Total gross refund requested

2. Less purchase discount (.035 x line 1)

3. Total net refund requested (subtract line 2 from line 1)

14-1401

\*This portion to be completed for cigarettes only

Sales Method: tax paid cigarettes sold on or after July 1, 2010 only

Receipt Method: tax paid cigarettes purchased on or after July 1, 2010 only

Date Shipped	Manufacturer	Brand Name	Packs of 20s @ .57 each	Packs of 25s @ .7125 each	Total

1. Total gross refund requested

2. Less purchase discount (.035 x line 1)

3. Total net refund requested (subtract line 2 from line 1)

14-1401

**OTHER TOBACCO PRODUCTS**

\*This portion to be completed for other tobacco products only

Date Shipped	Manufacturer	Brand Name	Gross Manufacturer's	Tax Rate of 5%	Total

1. Total gross refund requested

2. Less purchase discount (.035 x line 1)

3. Total net refund requested (subtract line 2 from line 1)

14-1408

**A Manufacturers Returned Good(s) Affidavit and Credit Memorandum should accompany this form.**

In order for us to verify this refund request and allow us to accurately calculate the amount of the refund, a manufacturer's returned good(s) affidavit and credit memorandum should accompany this form.

When signing this form, it is important that the information contained in your report be correct and complete. To willfully furnish a false or fraudulent statement to the Department is a crime.

\_\_\_\_\_  
Taxpayer Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Internet/Email Address

DO NOT USE THIS SPACE

AUDITED BY \_\_\_\_\_

APPROVED BY \_\_\_\_\_

DATE \_\_\_\_\_

DATE \_\_\_\_\_

### **Social Security Privacy Act Disclosure**

It is mandatory that you provide your social security number on this tax form. 42 U.S.C 405(c)(2)(C)(i) permits a state to use an individual's social security number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SC Department of Revenue shall provide identifying numbers, as prescribed, for securing proper identification. Your social security number is used for identification purposes.

### **The Family Privacy Protection Act**

Under the Family Privacy Protection Act, the collection of personal information from citizens by the Department of Revenue is limited to the information necessary for the Department to fulfill its statutory duties. In most instances, once this information is collected by the Department, it is protected by law from public disclosure. In those situations where public disclosure is not prohibited, the Family Privacy Protection Act prevents such information from being used by third parties for commercial solicitation purposes.